Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
'					
1	Record Type	1	2	9(02)	Required. Must be 21.
2	Insurance Provider	3	2	X(02)	Required. Edit with RO/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Company	7	3	9(03)	For Reinsured edit with company table. Must be valid Pic code for reinsurance year.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the crop year of the crops
					reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code.
7	Crop Code	21	4	9(04)	Required; Edit with ADM2.
8	Insurance Plan Code	25	2	9(02)	Required; Edit with ADM2.
9	Location County	27	3	9(03)	Required; Edit with FIPS County Table.
10	Unit Number	30	5	9(05)	Required; Must be > zeros. Unit Number
					must end in "00" for Enterprise and Whole Farm Units (i.e. 00100).
11	Type Code	35	3	9(03)	Required; Edit with ADM2.
12	Practice Code	38	3	9(03)	Required; Edit with ADM2.
13	Coverage Flag	41	1	X(01)	Required; Must be:
13	Coverage 1 lag	71	•	71(01)	C = Catastrophic 'Cat' Coverage
					A = Additional Coverage
					For CRC, GRIP and Revenue Assurance
					must
					be "A".
14	Claim Number	42	8	9(08)	Must match Loss Total Claim Number on the Type 20 record.
15	Type 21 Key Reserve	50	26	X(26)	Space Reserved for Additional key data
	JI.			(-)	required in the future or for other record
					types.
16	Record Number	76	3	9(03)	Must be > zero and unique within a Crop
					Policy, Claim (Location State/Location
					County/Crop).
17	Type 11 Record Number	79	, 3	9(03)	Required, the record number of the Type 11
					record that established the guarantee, liability
			_	- /	and premium for this Type 21 record.
18	Adjuster SSN	82	9	9(09)	Required. Must match a certified loss
					adjuster SSN or an accepted Type 56 record.
10	Data Class	0.1	2	V(02)	If plan = 12 or 73; zero fill.
19	Rate Class	91	3	X(03)	Required for most insurance plans; See Exhibit 11-2 for ADM validation rules.
					Otherwise; zero fill. Not applicable to BMP.
20	Stage Code	94	2	X(02)	Required for certain crops. See Exhibit 21-5
20	250 0000	<i>,</i> .	-	-1(02)	for validation rules. Otherwise; zeros or
					spaces. Not applicable to BMP.

November 12, 2003	Exhibit 21	FCIC-M13
	(LOSS LINE – TYPE 21)	
	Format/Edits	

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
21	100% Replant Payment Flag	96	1	X(01)	Validate as follows: Y = Policy holder entitled up to 100% of the Replant Cost.
22	Stage Guarantee per Acre	97	10	9(08)V9(02)	Spaces = Normal Replant reimbursement See Indemnity Calculations for validation rules. Zero Fill for Quota Tobacco and Fl. Fruit Trees (plan 40). Raisin Reconditioning Payment = dollars and cents per ton for
23	Determined Acres/Tons	107	8	9(06)V9(02)	reconditioning. See calculation page for BMP. Required for all crops except Florida Fruit Trees. For Raisins, enter the number of tons to the nearest hundredth. For Mint, if stage code is W1, acres must be at least the lesser of 20 acres or 20% of the
24 25	Filler Loss Guarantee	115 119	4 10	X(04) 9(08)V9(02)	at least the resser of 20 acres of 20% of the acres in the unit. Must be spaces. Required; See Indemnity Calculations for
			. /		edits. Zero fill for Raisin Reconditioning Payment. Not applicable to BMP.
26	Reserved	129	10	X(10)	Must be spaces.
27	Reserved	139	10	X(10)	Must be spaces.
28	Reserved	149	10	X(10)	Must be spaces.
29	Reserved	159	10	X(10)	Must be spaces.
30	Harvested Production	169	10	9(08)V9(02)	Must be \leq Production to Count. Otherwise
		\blacksquare			zero fill. Not applicable to BMP.
31	Reserved	179	10	X(10)	Must be spaces.
32	Production to Count	189	10	9(08)V9(02)	Sum of Net Harvested and Net Appraised Production. Used to calculate Farm Unit Deficiency, may be zero. Adjusted for moisture and quality. Not applicable to BMP.

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	Format/Edits					

				Format/Euits	
Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
		1			·
33	Production to Count Conversion for Revenue Crops (Bushels, Tons, etc)	199	10	9(08)V9(02)	Production to count in the basic unit of measure for RA (plan 25), IP (plan 42), IIP (plan 45), CRC (plan 44) and Quota Tobacco (plan 70) if field 32 (production to count) is greater than zero. Otherwise, zero fill. Not applicable to BMP. Not applicable for stages (field 20, pos. 94) R, P2, PF or PT. Additional edits: Ins plan 25 – If harvested price option = Y (rec type 11, RA Fall Harvest Price Option, field 51, pos 309) and county harvest price (ADM 4 suffix 3) is greater than zero then field 32 divided by county harvest price. If county harvest price is zero then field 32 divided by projected price (ADM 4 suffix 3) If harvest price option = N then field 32 divided by county harvest price (ADM 4 suffix 3) if greater than zero. For RA Malting Barley, field 32 divided by field 52 (price election). Ins plan 44 – field 32 divided by harvest market price (ADM 4, suffix 8). Ins plan 42 and 45 – field 32 divided by harvest market price (ADM 4, suffix 7) divided by insured share (field 35,pos. 219). Additional coverage (rec type 21, coverage flag, field 13, pos. 41) 100% harvest price
					and CAT 55% harvest price. Ins plan 70 (quota tobacco) – field 32 must be greater than field 33.
34	Farm Unit Deficiency	209	10	S9(08)V9(02)	Required; If \leq zero, Indemnity must be \leq zero. Must be a signed field. Zero fill for Raisin Reconditioning Payment and IP. Not applicable to BMP.
35	Insured Share	219	4	9(01)V9(03)	Required; Must be $>$ zero and ≤ 1.000 .
36	GRP/GRIP Payment Calculation Factor	223	4	9(01)V9(03)	Required for GRP/GRIP plan crops only, all other Plans, zero fill. For GRP/GRIP

calculation see exhibit 21-9.

Ī	November 12, 2003	Exhibit 21	FCIC-M13
		(LOSS LINE – TYPE 21)	
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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
					<u>_</u>
37	Indemnity	227	10	S9(10)	Required; See Exhibit 21-9 for calculation. The total of all Type 21 Indemnity fields for a given claim number must equal the sum of the Total fields for the corresponding Type 20 record(s). The sum of all Type 21 Indemnity fields for a Unit cannot exceed the sum of all Type 11 Liability fields for the same unit by more than the lesser of 0.1% or \$10. Total indemnity for the units cannot be negative. If the plan code = 25 and the basic unit option code = WU, then the indemnity can be negative by crop, but not by whole farm. If crop code is "0017" and stage code is "UH" this field should reflect 30% indemnity reduction. If crop code is "0017" and stage code is "US" this field should reflect 15% indemnity reduction. This must be a <i>signed field</i> .
38	Sugar Factor	237	3	V9(03)	Must be > zero for Sugar Beets if Harvested Production > zero. Otherwise; zero fill
39	Audit Correction	240	1	9(01)	Must be: 0 = Not Applicable 1 = Corrected
40	Filler	241	11	X(11)	Must be spaces.
41	Simplified Claim Flag	252	1	X(01)	Must be: S = Simplified Claim R = Self-Certified Replant Claim Blank = Not Applicable See Exhibit 21-6.
42	Farm Serial Number	253	7	X(07)	Required for Peanuts and Quota Tobacco, Buy-up coverage (Coverage Flag = A) policies only. For Quota Tobacco, each FSN must have a unique unit number. For Peanuts, each optional unit number must have a unique FSN, but Basic units may include more than one FSN. Optional for other crops, otherwise spaces.

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	(LOSS LINE – TYPE 21)						
	Format/Edits						

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
110.		103			
43	Guarantee Reduction Factor	260	3	V9(03)	Required if Guarantee Reduction Flag on the 11 record is not Blank. Enter applicable Late or Prevented Planting Guarantee Reduction Factor. For Dollar Citrus (0215), Fixed Dollar Strawberries (0110) and Fixed Dollar Raspberries/Blackberries (0108) enter applicable Guarantee Reduction Factor. Must match to the factor on the corresponding T-11. For Mint types with winter coverage option, enter applicable guarantee reduction factor. Otherwise; zero fill. See Exhibit 11-1 or Exhibit 11-5.
44	Dollar Amount of Insurance	263	10	9(08)V9(02)	For GRP (12), GRIP (73), Revenue Assurance (25), Pecans (41), IP (42 and 45), Avocados (46) and Dollar Crops (50), the selected dollar amount of protection per acre goes in this field and includes coverage level and/or price election factor (see exhibit 11-4 for details). For plan code (51), this field must contain the exact \$ amount from ADM- 1-3. This field is based on the 'CEO' coverage level if elected. Otherwise; zero fill.
45	Liability Adjustment Factor	273	7	9(01)V9(06)	Must be \leq 1.000000. If $<$ 1.000000, indicates that the liability submitted on the Type 11 record was understated.
46	Contract Price	280	8	9(04)V9(04)	For Contract Price crops enter 100% of the contract price. Crops are: Crop State Cty Type Alfalfa Seed All All All For Alfalfa only: use if contract price applies. If no contract use established price and zero fill this field). Canning Beans Idaho All 301, 302 Canning Beans Utah All 301 Canning Beans Oregon 045 302 Crambe All All All Dry Beans All All All Dry Peas All All All Dry Peas All All All Dry Peas All All All Zero fill if not applicable.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits

47 Guarantee Reduction Flag 288 1 X(01)

L = Late Planting

Required for Onions (0013) in State 36 (NY) if there is a late planting reduction and a stage percent reduction.

M = Maximum Late Planted Reduction

P = Prevented Planting

E = Company verified eligible PP acres from another unit and/or crop or qualifying crop payment acres do not constitute 20 acres or 20 percent of the unit (as allowed by section 17 (h) of the Common Crop Insurance Policy Basic Provisions).

F = First Year thinning for Pecans

S = Second Year thinning for Pecans

C = Percent Stand Limitation for Cherries (See Exhibit 11-5)

D = Amount of Insurance reduction for Fixed Dollar Citrus (0215) and Fixed Dollar Strawberries (0110) in State 06 and Raspberries/Blackberries (0108) in States 41 & 53.

Space = No Reduction

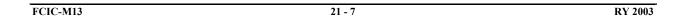
Must be Spaces.

48 Filler 289 7 X(07)



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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
49	Yield	296	10	9(08)V9(02)	Insurance Plans 12, 40, 50, 51, and 73: zero fill. Insurance plans 41 and 46: yield must be in whole dollars and match Type 11 record for approved yield. Insurance Plan 30: yield must be greater than zero and match FCI-35 for rate class or FCI-2 agreement.
					Insurance plan 55: (Yield from FCI-35 * Coverage Level Factor) - minimum payment: yield must be > 0 and ≤ ADM yield * coverage level factor. Insurance plan 70: Yield must equal the FSA Farm Yield: Yield must be > 0 and fall within yield span. Insurance plans 25, 42, 44, 45, 84, 86 and 90: Yield must match Type 11 record for approved. See Exhibit 11-12 for yield requirements.
50	Quota/Number of Trees	306	10	9(10)	This field is required for Quota Tobacco (0231) and the determined number of Florida Fruit Trees by crop code and the number of insurable Pecan trees. Otherwise, zero fill.



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Ī	Field	Field Name	Begin	Size	Picture	Field Edits
	No.		Pos			

51 Coverage Level 316 5 9(01)V9(04)

Must match coverage level on the 11 record. For Cat Policies, the coverage level must be 0.5000 for all crops except GRP Crops, in which case it must be 0.6500.

2003 crop year Florida Citrus - Valid Coverage Levels are {0.5000, 0.5500, 0.6000, 0.6500, 0.7000, 0.7500, 0.8000, 0.8500}

Avocados (Ins Plan 46) - Valid Coverage Levels are {0.5000, 0.5500, 0.6000, 0.6500, 0.7000, 0.7500}

Ins Plan 12 & 73 - Valid Coverage Levels are {0.7000, 0.7500, 0.8000, 0.8500, 0.9000} IP (Ins. Plan 45) - Valid Coverage Levels are {0.5000, 0.5500, 0.6000, 0.6500, 0.7000, 0.7500}

For Revenue Assurance - All T21 records for RA must have the same coverage level within the unit organization selected.

IP (42), CRC (44) and All Other Crops - Valid Coverage Levels are {0.5000, 0.5500, 0.6000,

0.6500, 0.7000, 0.7500, 0.8000, 0.8500} There is no valid Coverage Level below 0.5000.

BMP is reported as 0.9500.



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	(LOSS LINE – TYPE 21)	
	Format/Edits	

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			

52 Price Election Amount 321 8 9(04)V9(04)

Required; Must be 1.0000 for Plan codes 12, 41, 46, 50, 51 and 73.

Certified Seed Potatoes -

Option CL = 1.00

Option CH = 3.00

Ins. Plan 25 –

Malt Barley Option $A \le 1.25$.

Malt Barley Option $B \le 2.00$.

Ins. Plan 90 -

Malt Barley Option A to be announced.

Malt Barley Option $B \le 2.00$.

Ins. Plan 42 -

Pre Sales Price used to calculate the Loss Guarantee

Malt Barley Option A = .40 or 1.25.

Malt Barley Option $B \le 2.00$.

All other Plans/Crops edit using ADM4. (ADM Price or Contract Price) * Price Election Factor = Price Election Amount. The "CAT" price election is 55%.
Alfalfa Seed (0107) - If Contract Price (field 50)

= zeros, then use ADM Price.

Suffix:

- 1 = Catastrophic & Established High Price are applicable (MPCI)
- 2 = Catastrophic, Established High & Market Price are applicable (MPCI)
- 3 = Projected Harvest and County Harvest Price (RA) are applicable
- 4 = N/A
- 5 = Support Price is applicable (Quota Tobacco)
- 6 = Catastrophic, Established High and Season Average Price are applicable (Guaranteed Production Tobacco)
- 7 = IP, Pre Sales Price or Harvest
- 8 = CRC Base Price is applicable.
- 9 = Contract Price is applicable (MPCI)
- A = Catastrophic, Established High & Support Price are applicable (Tobacco).

If CE Option is selected, price must be 100% of the price for the MPCI crop policy.

BMP is reported as 100% of established MPCI price.



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,	(LOSS LINE – TYPE 21)	
	Format/Edits	

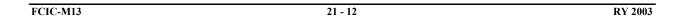
Field	Field Name	Begin	Size	Picture	Field Edits
No.	Tield Paine	Pos	Size	1 icture	Tierd Edits
53	Written Agreement Number	329	8	X(08)	For RSO issued Written Agreements enter the identification number for the approved written agreement for the RO, state, county and crop. For company issued written agreements, enter RO code followed by 6 digits, ONLY if the type equals SM, UA, NB, TC or TS and the Written Agreement Processing Flag equals "R". The first 3 digits identify the issuing RSO and must be valid for the location state. Enter spaces if No Written Agreement exists.
54	Written Agreement Type	337	2	X(02)	Valid Written Agreement types are: HR, LS, NB, OC, OT, PE, PT, RE, RL, SC, SG, SM, SP, TC, TD, TP, TS, UA, UC, XC and 33. Enter spaces if NO Written Agreement is in effect. Enter "33" if the insurance rate is provided on a FCI-33 (rules page, map or supplement). All entries, except a '33' require a valid Written Agreement Number in field 57.
55	Written Agreement Processing Flag	339	2	X(02)	All single values must be left justified. Must be: H = ONLY for CRC High Risk land WITH a FCI-2 Agreement that changes the High Risk rate or factor. USE the High Risk Classification Premium Calculation Worksheet to calculate the premium. P = FCI-2 Dollar Amount of Insurance exception for Macadamia Trees. R = FCI-2 Agreement with a Reference County. W = FCI-2 Agreement with no Reference County 3 = FCI-33 (rules page, map or supplemental) Rates RC = Certified organic acreage with a location or reference county RT = Transitional acreage with a location or reference county NC = Certified organic acreage with no reference county NT = Transitional acreage with no reference county Otherwise, spaces. See Exhibit 11-8 for edit details.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
110.		1 05			
					Ā
56	Valid for Escrow Flag	341	1	X(01)	Internal Use. Will be "Y" if the record
					passes edits necessary for escrow processing (numeric checks). Will be "N" if the record
					is not acceptable for escrow.
57	Price Election Factor	342	5	9(01)V9(04)	Must match price election factor on the 11
					record (field 40). Required for all crops.
					Plan code 25, 41, 44, 46 and 51 must =
					1.0000.
					If insurance plan = '12' or '73' and coverage flag (field 13) equals 'A', then this field must
					equal 0.6000 thru 1.0000.
					If coverage flag (field 13) equals 'C', this
					field must = 0.5500 .
					If coverage flag (field 13) equals 'A' and coverage level (field 54) equals:
					coverage level (field 34) equals.
					1.) 0.5000 this field must = 1.0000
					2.) 0.5500 this field must be ≥ 0.9100
					3.) 0.6000 this field must be ≥ 0.8400
					4.) 0.6500 this field must be ≥ 0.7700 5.) 0.7000 this field must be ≥ 0.7200
					6.) 0.7500 this field must be ≥ 0.6700
					7.) 0.8000 this field must be ≥ 0.6300
					8.) 0.8500 this field must be ≥ 0.5900
50	M 14 Daview Flea	247	2	0(02)	BMP must be reported as 1.0000 Must be zeros.
58 59	M-14 Review Flag CEO Coverage Level	347 349	5	9(02) 9(01)V9(04)	Enter CEO coverage level; must be greater
37	CLO Coverage Level	547)(01) (04)	than Coverage Level (field 54). Used to
					determine premium. Otherwise; zero fill.
60	CEO Indemnity Factor	354	6	9(01)V9(05)	(CEO Coverage Level/MPCI Coverage
					Level)
					(field 63/field 55) used in indemnity calculation.
			,		Otherwise, zero fill.
61	Price Indicator	360	1	X(01)	Must be A or E. If field = A, insured elected
					additional price, if applicable. If field = E,
					insured elected established price.
62	Log Adjuster Signature	361	8	0(08)	BMP is reported as E. Paguired, uplace Simplified Claim Flag (field)
62	Loss Adjuster Signature Date	301	8	9(08)	Required, unless Simplified Claim Flag (field 45) = 'S' or 'R'. Date that Loss Adjuster
	Bute				settled claim. MMDDCCYY format. Cannot
					exceed submission date. Must exceed LSR
					change date and Record Type 14 FCIC
62	M.C. CI. D.	260	0	0(00)	Accepted Date.
63	Notice of Loss Date	369	8	9(08)	Required. Date that insured provided notice of loss. MMDDCCYY format. Cannot
					exceed submission date.

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	Format/Edits	

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
64	Primary Date of Damage	377	8	9(08)	Required. (Day is optional) If day is not reported the format is (MM00CCYY). If plan = "12 or 73" must be month of final payment. If cause of loss = "21 or 64" enter MMDDCCYY. Report month of damage for
65	Primary Cause	385	2	9(02)	BMP. Must have a valid cause of loss (See Exhibit 21-2)
66	Primary Percent	387	3	9(01)V9(02)	Must be 0.50 – 1.00 if Primary Cause > "0". Must be "0" if plan = "12 or 73".
67	Secondary Date of Damage	390	8	9(08)	Required if field (68) contains a valid cause of loss. (Day is optional) If Day is not reported the format is (MM00CCYY) If cause of loss = "21 or 64" enter MMDDCCYY. Zero fill if not applicable.
68	Secondary Cause	398	2	9(02)	Must have a valid cause of loss (See Exhibit 21-2)
69	Filler	400	151	X(151)	Must be spaces.



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	Format/Edits	

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Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			
70					
70	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
					file was received. (From when transmission
					started) HHMM Format.
71	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch
				,	file was received. (From when transmission
					started) MMDDCCYY Format.
72	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
12	Remsurance Tear	303	7)(U 1)	format.
72	D (1 M - 1	5.C 7	4	0(04)	
73	Batch Number	567	4	9(04)	Internal Use. The sequential number
					identifying the file that was submitted by the
					RO to FCIC/RMA.
74	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number
	Number				assigned to each transaction number
					processed by DAS after it has been sorted.
75	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
76	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
70 77	Filler	581	20		Internal Use.
/ /	FILE	301	20	X(20)	internal Ose.

Notes:

The Type 21 record must contain the record number of the corresponding Type 11 record. The Type 11 record must match the Type 21 on: Fields 2 thru 13 and field 25.

Requires an accepted 11 record.

